



April 2017
Cadet Membership Application Form

Child(s)Name: 1..... Boy / Girl Age..... Shirt Size
2..... Boy / Girl Age.....
3..... Boy / Girl Age.....

Name of Parents/Guardians: .....
Address: .....Postcode.....
Email:.....
Telephone:(H)..... (W)..... (Mobile).....

PROMOTIONAL MATERIAL

I authorise Shepparton Golf Club permission to photograph my child(s) for the purpose of print and online promotional releases and displays YES / NO

I authorise Shepparton Golf Club to release my child(s) name where results and achievements are to be promoted or displayed YES / NO

MEDICAL REPORT - Required Yes [ ] No [ ] If Yes please provide details:

.....
.....

Emergency Contact: .....PH: .....

Fees payable in full:(inclusive) 1 Child ( \$49). 2 Child (\$80). 3 Child (\$100)

Membership valid until April 30, 2018. Payments can be made via the Pro Shop or Office.

I ..... the undersigned, hereby acknowledge, waive and authorise the: Shepparton Golf Club or its nominated representative to,
A. Make such arrangements as are deemed necessary by the attending medical practitioner in the event of emergency medical treatment being necessary in respect of my child.
B. Waiver any legal action against where my child(s) are injured through normal attendance and play
C. Have read and will abide by the rules and regulations as indicated in the Junior Handbook

Signed:.....Date:.....

Privacy: no information given will be provided to any 3rd party or agency unless requested by the above signed. Shepparton Golf Club may contact you from time to time for relevance, however, an opt-out option will be available.

W: www.sheppartongolf.net.au E: pro@sheppartongolf.net.au Ph: 58 212 531

Address:15 Golf Drive, Shepparton Vic, 3630